



SUBJECT: IDENTIFICATION BADGES

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POLICY No.: 714 EFFECTIVE DATE: 01/31/10

APPROVED BY: Ima Man & Fulding Mo SUPERSEDES: DHS Policy No. 940

PURPOSE: To assure proper identification for all personnel working in the Department of Public

Health (DPH).

#### **DEFINITION:**

Personnel is defined as employees, duly authorized contractors, student, agency personnel, and volunteer, whether they are permanent, temporary, or part-time.

## POLICY:

Department of Human Resources shall control the issuance and the return of official identification badges to all personnel. It is the responsibility of personnel issued identification badges to wear them in a prominently displayed position at all times while on County premises.

All identification badges shall contain the County Seal or graphic and designate the Department by which the employee is employed. The badge shall contain the following identifier information:

- a) A recent photograph of the individual (within the last five years);
- b) The full name of the individual, his/her employee number or agency number, and Department title or agency title;
- c) Signature of the individual and/or the appointing authority;
- d) The individual's birth date, height, eye and hair color.

Badges shall be approximately 3½ inches wide by 2½ inches high. Badges must be laminated securely, both front and back.

#### IDENTIFICATION BADGE REPLACMENT PROCEDURES

It is the individual's responsibility to report the loss or theft of the identification badge within five business days to the law enforcement agency having jurisdiction over the location where the incident occurred.

Each individual must sign an affidavit attesting to the fact that the identification badge was lost or stolen.

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Each individual will be required to pay for the replacement cost of his/her identification badge if it is not returned, lost, damaged, or destroyed due to personal negligence.

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Therefore, prior to the issuance of a duplicate identification badge, the individual must provide a copy of a police or Office of Security Management (OSM) report, complete and sign an affidavit, provide a check or money order for the replacement of the identification badge, and present the items to the Department Human Resources office.

Copies of the affidavit and police or OSM report will be filed in the individual's official personnel/agency file.

The replacement fee for lost or stolen identification badges is as follows:

First identification badge replacement: \$25.00
Second identification badge replacement: \$50.00
All subsequent identification badge replacement: \$100.00

### TRANSFER TO OTHER COUNTY DEPARTMENTS

When an individual transfers to another facility or leaves the department, it is his/her responsibility to return his/her badge to his/her supervisor. If the badge is not returned, Human Resources staff will not process the transfer documents until such time as the identification badge is returned or a copy of the police or OSM report, affidavit and replacement cost is submitted to the Department of Human Resources.

#### **TERMINATIONS**

When an individual terminates County service, it is his/her responsibility to return his/her badge to his/her supervisor. If the badge is not returned, the individual must submit a copy of the police or OSM report along with the affidavit.

If a compensated paid individual such as an employee or contractor, does not submit either the badge or the copy of the police or OSM report and affidavit, the payment of his/her accrued benefits will be withheld up to three months.

If a compensated paid individual such as an employee or contractor, states that he/she has the identification badge but refuses to return it, the payment of his/her accrued benefits will not be issued until such time as the identification badge is submitted. Additionally, if a compensated paid individual, such as an employee or contractor, does not return the identification badge, DPH Human Resources will report the non return of the identification badge to OSM via a Security Incident Report, within 24 hours of being notified the identification badge has not been returned.

# NON COMPLIANCE

Failure to comply with the provisions of this policy will result in disciplinary action in accordance with the DPH Employee Evaluation and Discipline Guidelines.

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**AUHTORITY**:

County Code Section 5.64.180
County Code Section 5.64.190
County Code Section 5.64.230

County Code Section 5.64.330 County Code Section 5.64.340 County Code Section 5.64.040

# **ACKNOWLEDGMENT**

By my signing where indicated below, I acknowledge that I have received and reviewed a copy of the Department of Public Health Identification Badge policy.

Name (Print):	Employee Number:	Date:
Signature:	Job Title:	
Supervisor Name (Print):	Supervisor Signature:	Date:

Distribution:

Employees:

Original:

**Employee Official Personnel Folder** 

Copy:

Employee, contractor, volunteer, or student